

LLOYD'S

LLOYD'S OF LONDON

APPLICATION FOR ARCHITECTS/ENGINEERS PROFESSIONAL LIABILITY INSURANCE
WITH CERTAIN UNDERWRITERS AT LLOYD'S

ENVIRONMENTAL CONSULTANTS AND ENGINEERS COVERAGE

This Supplement to the Application for Architects and Engineers is to be completed by firms providing professional services on environmental projects.

Name of Applicant: _____ Phone (____) _____

Address: _____

Please indicate Gross Billings attributable to each of the following.

Gross Billings (Amounts in \$000's)

	Last Fiscal Year	Projected Current Fiscal Year	Percentage to be Sub-Contracted
1. ENVIRONMENTAL SERVICES			
a. Preparation of environmental studies and reports	_____	_____	_____
b. Phase I & Phase II remedial action investigations			
Feasibility studies, inspections and audits	_____	_____	_____
c. Remedial design with supervisory services	_____	_____	_____
d. Remedial design without supervisory services	_____	_____	_____
e. Phase I & Phase II remedial action investigations	_____	_____	_____
f. Environmental project management	_____	_____	_____
g. Preparation of environmental permit applications	_____	_____	_____
h. Laboratory analysis and testing	_____	_____	_____
i. Soil, air and water sampling/testing	_____	_____	_____
j. Training and education	_____	_____	_____
k. Preparation of manuals and other publications	_____	_____	_____
l. Underground storage tank management	_____	_____	_____
m. Other (please specify) _____	_____	_____	_____
TOTAL ENVIRONMENTAL	_____	_____	_____

2. **ASBESTOS CONSULTING SERVICES**

- a. Air monitoring _____
 - b. Sampling and testing _____
 - c. Abatement design _____
 - d. Abatement project management _____
 - e. Other (please specify) _____
- TOTAL ASBESTOS _____

3. Does the Applicant contract or sub-contract to provide hands-on remediation services?
If yes, please complete Question 4. Yes _____ No _____

4. **SERVICES**

(Amounts in \$000's)
Work performed by You Work performed by Others

PROFESSIONAL

- Project management _____
- Sampling/analysis _____
- Monitoring System design/installation _____
- Tank testing/monitoring _____
- Tank design/installation _____

REMEDIAL ACTION

- Hazardous materials clean up/soil removal _____
- On-site hazardous waste treatment _____
- Groundwater treatment/recovery _____
- Mobile incinerators _____
- Barrier construction/slurry walls/liners _____
- Hazardous materials emergency
Response/clean up _____
- Tank removal _____

TRANSPORTATION

- Hazardous waste _____
- Non-hazardous waste _____
- Other (please specify) _____

DRILLING

- Operating oil/gas wells _____
- Oil/gas drilling _____
- Remedial monitoring wells _____
- Other (please specify) _____

SUBCONTRACTORS

5. Please list all the Applicant's remedial action subcontractors and indicate the services they provide:

Subcontractors	Type of Services
_____	_____
_____	_____
_____	_____
_____	_____

6. Are all subcontractors hired under written contract? Yes _____ No _____
Please provide a copy of the Applicant's subcontractor contract.

7. Please describe in detail the Applicant's procedures for qualifying subcontractors:

8. Please describe the extent of the Applicant's supervision of subcontractors:

PERMITS, RIGHTS, AUTHROTIES

9 a. List all permits held with Federal, State, County or Municipal governments, including permit numbers and expiration dates:-

Permit	Number	Expiration
_____	_____	_____
_____	_____	_____

b. What percentage of subcontractors work under their own permits, rights or authority? _____%

c. What percentage of subcontractors work under the Applicant's permits, rights or authority? _____%

d. Does the Applicant check require permits for subcontractors? Yes _____ No _____

INSURANCE

10 a. Is the Applicant named as an Additional Insured on the subcontractors' General Liability and Pollution Legal Liability insurance policies?

Yes _____ No _____

b. Does the Applicant require certificate of insurance from subcontractors?

Yes _____ No _____

c. What minimum limits does the Applicant require?

Workers Compensation: _____

General Liability: _____

Pollution Legal Liability: _____

d. What is the Applicant's procedure for monitoring certificates of insurance?

I understand the information submitted herein becomes part of the Application for Professional Liability Insurance and is subject to the same representations and conditions.

Must be signed by Owner, Partner or Officer:

Authorized signature of applicant

Title

Date